

It's That Time of Year Again— Open Enrollment Begins on September 26th!

It is time again to review your benefits elections for the coming year. Tulare County's annual Open Enrollment begins on September 26 and ends on October 25, 2013. Open Enrollment is your annual opportunity to change plans, add or drop eligible dependents from coverage, elect and re-elect a Flexible Spending Account or Health Savings Account.

This Open Enrollment booklet contains all of the information you need to make your health plan choices for 2014. Please take time to study the materials carefully and make sure you understand the plans available to you and how they differ from one another.

We are committed to providing you with the benefits that promote your health and well-being. If you have any questions regarding the information contained in this booklet contact HR&D Benefits at 559-636-4911.

Tulare County Corrections Association

Tulare County Deputy Sheriff's Association

Information contained in this guide applies to all County employees, with the exception of the medical, dental and vision plans. Please contact your benefits representative to obtain information on your 2014 Open Enrollment Schedule and your health benefits.

TCCA BU 12

Contact Linda Clower, Buckman-Mitchell at
(559) 741-4435; Email: lindac@bminc.com.

TCDSA BU's 13 & 15

Open Enrollment October 15th – November 15th

For specific health plan information, contact
Brad Webb at 559-636-1199.

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What changes in

2014?

What stays the same?

What changes in 2014?

- Premium increase of 5.3% for Anthem Blue Cross PPO and HMO Plans
- Premium increase of 8% for Kaiser Permanente HMO and 7.3% for Low Plan
- Premium increase of 4.98% for Dental HMO Plan
- Premium increase of 12.27% for Vision Service Plan (VSP)
- Health Savings Account (available only to those participating in the Blue Cross High-Deductible Health Plan) limits – the amount you can contribute to your account – increase to \$3,300 (employee only) and \$6,550 (family).

What Stays the Same?

No changes to the benefit plans for:

- Anthem Blue Cross PPO (\$0, \$500, \$1000 & \$2500 Deductible Plans) and Anthem Blue Cross HMO
- Kaiser Permanente HMO High and Low Plan
- The option of two dental plans - Delta Dental PPO Plan and DeltaCare USA HMO Dental Plan
- Standard Life remains our life insurance and long-term disability provider.
- The Employee Assistance Program remains under Anthem Blue Cross EAP.

What You Must Know?

- **Participation is not required** if no changes are being made. Your benefit elections from 2013 will roll over automatically, except for the benefits specified below:
 - You will not have a health care and/or dependent day care Flexible Spending Account, you must re-enroll.
 - You will not have a Health Savings Account (HSA). You must re-enroll in the HSA to contribute to the account. If you do not re-enroll, your election will default to waive participation in the HSA.
- You must make your benefit elections by **October 25, 2013** if you are:
 - Enrolling or waiving health coverage;
 - Changing health plans;
 - Adding or removing a dependent;
 - Electing Flexible Spending Account; or
 - Electing a Health Savings Account.
- The benefits elections you make during Open Enrollment begin January 1, 2014 and will stay in effect until December 31, 2014. Changes during the year can only be made if you have a Qualified Life Event Change.
- Deductions for medical, dental and vision benefit selections for 2014 will begin on the paycheck dated December 10, 2013. Reimbursement account deductions (FSA and HAS) and voluntary benefits will start in January 2014.

(Important Notice)

United States Department of Labor Health Insurance Notification Letter

We are required by the United States Department of Labor to provide to all employees a letter that explains the existence of health insurance marketplace coverage options available as a result of the Patient Protection and Affordable Care Act. The California Exchange (or Marketplace) is called Covered California. If you have any questions, they can be reached at www.coveredca.com or by calling 888-975-1142. The Notices are included at the end of this guide.

Benefit Amount

The Benefit Amount is a dollar amount that the County contributes towards each employee's health insurance premium. The Minimum Benefit Amount for **2014 is \$266.43** (per pay period) if **enrolling** in a health plan. This is equivalent to 100% of the core benefit package for employee only in the Anthem Blue Cross PPO \$1000 Deductible plan and the \$10,000 Group Term Life Benefit.

If you elect to waive the County's core benefit package, the minimum benefit amount is \$41.67 per pay period (24 pay periods).

Benefit Amounts vary by Bargaining Unit and Job Classification. Please review your Bargaining Unit's Memorandum of Understanding for the applicable benefit amount.

Benefits Eligibility

1. **Employee:** You are in eligible status if you are a regular full-time employee. A full-time employee is one who works at least 20 hours a week in the conduct of the business of the group. Extra help employees are not eligible for these benefits.
2. **Spouse:** Is the subscriber's (employee) spouse under a legally valid marriage.
3. **Domestic Partner:** The employee's domestic partner under a legally registered and valid domestic partnership. An individual who is registered with the State of California as a Domestic Partner of a County Employee.*
4. **Child:** A dependent child of a covered employee – the employee's biological child; the employee's adopted child; the employee's step-child; the child of the employee's covered same-sex domestic partner; or the child for whom the employee has legal guardianship, legal custody, or an interlocutory order of adoption - under the age of 26, whether or not they are full-time student or married or unmarried.
5. A dependent child coverage beyond the age limit due to disability.

**For more information on Registered Domestic Partners, visit the California Secretary of State website at: www.sos.ca.gov/dpreistry.*

Waiving Coverage

If waiving the County's Health Plan for 2014, you must provide proof of other coverage to receive the Benefit Amount. Below is a list of acceptable forms verifying proof of other coverage:

1. Group Health insurance ID card.
2. Statement from another employer: On company letterhead that includes verification of coverage levels and dates of coverage.
3. Certificate of Credible Coverage: Distributed by the carrier upon enrollment in the plan; also known as a HIPAA Certificate.
4. Medi-Cal – current Notice of Action.

Dependent Verification

If you are **adding a dependent** to your health plan, you will be required to provide written documentation that validates the relationship of any dependents you have enrolled on your plan. Accepted forms are:

- A copy of your 2012 IRS 1040 Form.
- **Spouse** - Certified copy of Marriage Certificate with County Seal.
- **Domestic Partner** - Certified copy of California State Registry.
- **Birth Child or Step Child** - A Certified copy of Birth Certificate with County Seal; Court Order mandating coverage; Qualified Medical Child Support Order mandating coverage
- **Children who have been Adopted, Grandchildren, or Legal Guardianship** - Court Order showing legal responsibility for the child with the court filing information and date.

❖ Deadline to submit eligible documentation is **October 25, 2013**.

Qualified Life Event Change

Dependents can be added or deleted during the Open Enrollment period **or** during the plan year when you experience a Qualified Life Event Change, such as:

1. Marriage or Divorce
2. Birth or adoption of a child
3. Dependent's loss of coverage
4. Retirement or termination of employment
5. Moving out of an HMO service area
6. Your spouse losing a job or becoming employed

To add or delete a dependent mid-year, you **MUST** report a change in life status within 30 days of the event by submitting a Change Request form to HR&D - Benefits. You will be required to provide supporting documentation that will verify the date of the event.



Anthem Blue Cross PPO & HMO Medical Plans

The County offers four PPO and one HMO medical plans through Anthem SJVIA. An HMO, Health Maintenance Organization, is a closed network plan with no out of network benefits. You are **required to select a Primary Care Physician**, or PCP, for yourself and each member of your family on the health plan. Unlike the Anthem PPO plans, where you do not need a referral to see a specialist, the HMO plan requires that all care be accessed through your PCP. You do not have to use the same PCP for each member. For instance, you may select a pediatrician for your children and a family physician for yourself, etc. Your PCP will be your contact for all your health needs and will

refer you to specialists as needed or requested. Though this may represent less freedom than a PPO plan, the benefit level for the HMO plan is much higher, with no deductible and many services are offered without a co-pay.

The Anthem HMO network of doctors is very strong in the Central Valley. If you are interested in the HMO option with Anthem and would like to find a PCP or find out if you doctor accepts HMO patients, please visit the Anthem website at anthem.com/ca and follow the "Find a Doctor" link. You can also contact HR&D for assistance. If you do not choose a PCP at the time of enrollment you will have one automatically assigned to you. You can change your PCP through Anthem customer service or the website at any time, but will need to confirm the PCP you are selecting is accepting new HMO patients.

Covered Benefits:*	PPO \$0 Deductible	PPO \$500 Deductible	PPO \$1000 Deductible	PPO \$2500 HDHP**	HMO
Deductible	In Network	In Network	In Network	In Network	In Network ONLY
Individual	\$0	\$500	\$1,000	\$2,500	\$0
Family	\$0	\$1,000	\$2,000	\$5,000	\$0
Out-of-Pocket Max					
Individual	\$2,000	\$3,000	\$4,000	\$5,000	\$1,000
Family	\$4,000	\$6,000	\$8,000	\$10,000	\$2,000
Co-Insurance	10%	20%	20%	10%	0%
Office Visit Co-pays	\$20	\$35	\$45	10%	\$15
Inpatient Services	10%	\$250/Admission+20%	\$1000/year+20%	10%	No Copay
Prescription Drugs	US Script	US Script	US Script	Generic \$7 Brand \$25	US Script
BiWeekly Rates With Dental PPO					
Employee Only	\$391.02	\$299.57	\$265.68	\$252.87	\$319.69
Employee + Spouse	\$776.13	\$593.89	\$525.48	\$499.86	\$564.65
Employee + Child(ren)	\$714.38	\$549.73	\$487.89	\$464.39	\$505.33
Family	\$1,177.59	\$935.42	\$801.66	\$762.63	\$751.15
BiWeekly Rates With Dental HMO					
Employee Only	\$384.04	\$292.59	\$258.69	\$245.89	\$312.70
Employee + Spouse	\$763.71	\$581.47	\$513.06	\$487.44	\$552.23
Employee + Child(ren)	\$699.57	\$534.92	\$473.07	\$449.57	\$490.51
Family	\$1,156.82	\$914.66	\$780.89	\$741.87	\$730.38

Rates include medical/Rx/vision/dental (with option of PPO or HMO).

*This is not a complete summary of benefits. Please refer to your Evidence of Coverage for more details. The summary above reflects your benefits when utilizing Anthem providers. PPO plans include a lower level of benefit when a provider outside of the Anthem network is utilized.

**All medical and Rx benefits under the HDHP are subject to the calendar year deductible.



Kaiser Permanente HMO offers a wide range of services and locations. Adult medicine, obstetrics/gynecology, and pediatric care, plus pharmacy and lab services...it doesn't stop with great medical care:

1. Health classes and personalized online programs
2. Complete Care programs
3. A secure electronic medical record instantly links our doctors to your health history
4. Online features let you request routine appointments, order Rx refills, and e-mail your doctor's office - all from the convenience of your home computer.

Kaiser Permanente is available **only** to employees who live or work in the eligible zip code listing. Services must be received at a Kaiser Permanente facility.

Partial Kaiser Eligible Zip Code Listing

City	Zip Code	City	Zip Code
Auberry	93602	Raisin City	93652
Biola	93606	Reedley	93654
Burrell	93607	Riverdale	93656
Caruthers	93609	San Joaquin	93660
Clovis	93611	Sanger	93657
Clovis	93612	Selma	93662
Clovis	93613	Squaw Valley	93675
Clovis	93619	Tollhouse	93667
Del Rey	93616	Tranquillity	93668
Five Points	93624	Hanford	93230
Fowler	93625	Hanford	93232
Helm	93627	Dinuba	93618
Kerman	93630	Kingsburg	93631
Laton	93242	Orange Cove	93646
Parlier	93648	Sultana	93666
Piedra	93649	Traver	93673
Prather	93651		

For a complete listing of Zip Codes, please contact Benefits at OEHealth@co.tulare.ca.us.

Covered Benefits:	Kaiser Permanente Deductible HMO (Low Plan)	Kaiser Permanente HMO
	In Network Only	In Network Only
Deductible		
Individual	\$1,000	\$0
Family	\$2,000	\$0
Out-of-Pocket Max		
Individual	\$3,000	\$1,500
Family	\$6,000	\$3,000
Hospitalization	20%	\$250/Admission
Office Visit Co-pays	\$20	\$25
Emergency Room	20%	\$100/Visit
Ambulance Services	\$150/Trip	\$50/Trip
Prescription Drugs		
Generic	\$10	\$10
Brand	\$30	\$20
BiWeekly Rates	with Dental PPO	
Employee Only	\$271.17	\$343.62
Employee + Spouse	\$529.79	\$674.70
Employee + Child(ren)	\$485.76	\$616.90
Family	\$791.99	\$1,009.35
BiWeekly Rates	with Dental HMO	
Employee Only	\$264.19	\$336.64
Employee + Spouse	\$517.37	\$662.28
Employee + Child(ren)	\$470.95	\$602.09
Family	\$771.23	\$988.59

Rates include medical & dental (with option of PPO or HMO).



Dental HMO - DeltaCare USA

DeltaCare USA, a dental HMO plan through Delta Dental, you have the option of electing either Dental PPO or Dental HMO plan. DeltaCare USA operates much like a medical HMO plan. When you enroll you will be required to select a primary care dentist within the network, if you do not make an election one will be chosen for you. You must utilize your chosen provider for all your care to obtain coverage. You may change primary care dentists via phone or internet, but cannot access services from that provider prior to making the change with DeltaCare.

This plan offering is a lower cost option than the Delta Dental PPO, and the annual benefits have no maximum. Each covered service is offered at a co-pay which is clearly outlined in the summary of benefits. There are no claim forms; you only need to pay the specified copayment for covered services at the time of your visit.

Below is a sample list of the benefits under the Dental HMO plan. This is not a complete list, please refer to the Dental Summary of Benefits for more information.

HMO Dental Benefits	Co-pay
D0230 Intraoral - periapical each additional film	\$0
D1110 Prophylaxis - adult	\$0
D2392 Resin-based composite - two surfaces, posterior	\$30
D3330 Molar (excluding final restoration)	\$60
D4341 Periodontal scaling and root planning	\$0
D5214 Mandibular partial denture	\$95
D6750 Crown - porcelain fused to high noble metal	\$70
D7210 Surgical removal of erupted tooth	\$10
Deep sedation/general anesthesia - first 30 minutes	\$165
D9972 External Bleaching - 1 tray & gel for 2 weeks	\$125
D8080 Child Ortho	\$1,700
D8090 Adult Ortho	\$1,900

Dental PPO

Delta Dental PPO is a preferred provider plan that allows you to save on out-of-pocket expenses when you visit a Delta Dental PPO dentist. Delta Dental Premier dentist benefits remain exactly the same.

Delta's website: www.deltadentalins.com

PPO Dental Benefits	
Deductible	
Individual	\$25
Family	\$25/member
Waived for Preventive	Yes
Annual Maximum	\$1,000
Preventive Services	100%
Basic Services	80%
Major Services	50%
Orthodontia	50%
Lifetime Max	\$1,500

Are Your Beneficiaries Up-to-Date?

Your beneficiary is the person to whom benefits are payable in the event of your death. It is important to name your beneficiaries to ensure that any benefits payable at your death are left to the survivors you intend.

You may name the same or different beneficiaries or you may name more than one beneficiary and specify the percentage that each beneficiary is to receive. Keep in mind, that if you are married, your spouse may have a legal interest in benefits payable at your death. A beneficiary designation may be subject to challenge if it will result in your spouse receiving less than his or her share of that portion of the benefit that is considered community property.

To request a Beneficiary Change Form, contact Benefits Customer Service online at OEHealth@co.tulare.ca.us.

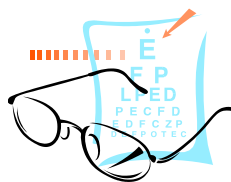


Your Pharmacy Benefits

US Script is the County's Prescription Benefit Manager. With US Script, you can purchase prescription drugs at more than 65,000 US Script network pharmacies nationwide.

- Your prescription drug benefit and mail order service are subject to the same benefit levels contained in your current coverage. You may continue to receive prescriptions through major pharmacies including (but not limited to): Walgreens, CVS, Wal-Mart, Costco, Target and in-network independent pharmacies. To locate a pharmacy you can access our website at www.usscript.com or contact Customer Service at 1-800-460-8988.
- Retail 90 Network Pharmacies – This network includes such major chains as Walgreens, CVS, Wal-Mart, and Rite Aid. To begin taking advantage of US Script's Retail 90 pharmacy network, you will need to take your 90-day supply prescription and your new prescription benefit ID card to any participating location.
- Mail Order Prescriptions – If you are using a mail order program for any of your prescriptions, you will need to switch to US Script's mail order service, RxDirect. You can enroll on-line at www.rxdirect.com by completing the New Patient Application Form.

Co-pays	Retail (30 Day Supply)	Retail (84-90 Day Supply)	Mail (90 Day Supply)
Generic	\$10.00	\$20.00	\$20.00
Preferred Brand	\$20.00	\$40.00	\$40.00
Non-Preferred Brand	\$35.00	\$60.00	\$60.00
Specialty	30% with \$100 maximum		



Vision Benefits



Anthem Blue Cross Members Only:

WellVision Exam focuses on your eye health and overall wellness

- \$10 co-payevery 12 months

Prescription Glasses

- \$25 co-pay
- Lensesevery 12 months
- Frameevery 24 months
- \$130 allowance plus 20% off balance

OR

Contact Lens Care

- No co-payevery 12 months
- \$120 allowance for contacts and contact lens exam.

Primary EyeCare.....\$20 co-pay

For treatment and diagnosis of eye conditions like pink eye, loss of vision, and monitoring of cataracts, glaucoma and diabetic retinopathy.

Using your VSP benefit is easy.

- **Find the right eye care provider for you.** To find a VSP doctor, visit vsp.com or call **800.877.7195**.
- **Review your benefit information.** Visit vsp.com to review your plan coverage before your appointment.
- **At your appointment, tell them you have VSP.** There's no ID card required. They will handle the rest—there are no claim forms to complete when you see a VSP doctor.



Group Term Life Insurance

The County provides all benefit eligible employees with Basic Life Insurance and Accidental Death and Dismemberment coverage – the policy will pay double the policy's value in the event that the insured dies as a result of an accident.

The plan includes MedEx Travel Assistance Plan which provides benefits when traveling 100 miles or more from home, such as locating medical care, evacuation/ repatriation, emergency credit card, ticket or passport replacement, and missing baggage assistance.

This plan also provides a living benefit option if you are diagnosed with a terminal illness expected to result in your death. You also have the option to convert your coverage to an individual policy if you leave the County.

Group Term Life Insurance & Accidental Death & Dismemberment	
All County Employees	\$10,000
Assistant Dept. Heads	\$50,000
Executive Management	2x Salary Max of \$250,000

Long Term Disability (LTD)

LTD insurance helps replace a portion of your income if you're sick or injured and unable to work due to an injury or illness. The plan replaces up to 60% of your covered monthly earnings to a maximum monthly benefit of \$5,000 provided at no cost to you by the County. LTD benefits begin after you have been totally disabled for 60 days. This 60 day period is known as the elimination period.

To be eligible employees must be in one of the following Bargaining Units: 7, 9, 10, 11, 14, 15, 16, 19, 20, 21, 22, 50

Long Term Disability (LTD)	
Benefit Percentage of Salary	60%
Monthly Maximum Benefit	\$5,000
Elimination Period	60 days

Contact Benefits Customer Service for assistance in filing an LTD or Life Insurance Claim at 559-636-4911.



Employee Assistance Program

Anthem Employee Assistance Program (EAP) is a confidential service available to all regular and probationary employees and household members – at no cost to you. Trained professionals can easily refer you to the following resources:

Face-to-Face Counseling – You and your household members are eligible for up to 6 visits for each personal situation.

Crisis Consultation – 24/7 telephone access and crisis consultation are available if you have an emergency.

Legal Assistance – You have access to legal consultations up to 30 minutes face-to-face or telephonically at no charge.

Financial Assistance – Financial professionals provide free telephonic consultation on the financial topics that are important to you.

ID Recovery – Specialists are available 24/7 to assess your risk level and then identify steps to resolve potential identity theft.

Tobacco Cessation (Online and Coaching)

•**Online Program:** LivingFree™ is a free 10 session, online training program which will help you learn how to break the tobacco habit.

•**Telephonic Coaching:** Tobacco cessation coaching is a free service provided via telephone or through instant messaging.

•**Dependent Care and Daily Living Resources** – You and your household members can get information on child care, adoption, summer camps, college placement relocation and more, visit (www.AnthemEAP.com)

Call toll-free at 1-800-999-7222. You can also visit www.AnthemEAP.com. Log in: County of Tulare.



Deferred Compensation

A governmental 457(b) Deferred Compensation Plan (457 Plan) is a retirement savings plan that allows eligible employees to supplement any existing retirement and pension benefits by saving and investing before – tax dollars through a voluntary salary contribution. Contribution and any earnings on contributions are tax-deferred until money is withdrawn. Distributions are subject to ordinary income tax.

The ROTH option provides the flexibility to designate your 457(b) elective deferrals as ROTH contributions. All ROTH contributions are made with after-tax dollars.

To receive more information, contact Stephanie Henry, Great West Account Executive, at 559-967-2280 or email her at stephanie.henry@gwrs.com. You may also visit the Web site at www.gwrs.com or call toll-free at 1-800-701-8255.



Health Savings Account

If you enroll in the County's \$2500 Deductible PPO (HDHP) plan you are eligible to open a Health Savings Account (HSA). Your participation in the HDHP gives you the opportunity to take advantage of this tax-sheltered arrangement to pay the cost of your routine medical expenses or to build a fund for future expenses and retirement. Under an HDHP all benefits, both medical and Rx, are subject to the deductible and you are responsible for all charges until this has been satisfied. However, you can pay these expenses with funds from your HSA account, creating a tax savings for you. Funds may be contributed to your account via pre-tax payroll deduction or directly by you with after tax dollars which can be deducted from your income when you file your tax returns. The funds in your HSA build year over year and you may use these funds to pay for any allowable expenses according to IRS guidelines, including dental and vision as well.

Please consider your options carefully, as your healthcare needs may change from year to year. If you are interested in this option, please contact Benefits Customer service for more information.



Flexible Spending Accounts

A Flexible Spending Account (FSA) allows you to reimburse yourself (with your own money) for eligible Health Care and/or Dependent Care expenses - tax free. By participating in these accounts, you do not pay Federal, State, or city taxes on the money you contribute. Participation is voluntary and employees must sign up during open enrollment.

Health Care Flexible Spending Account (HC FSA) – used to reimburse you for out-of-pocket health care expenses, including prescription medications for you and your eligible dependents. A full list of eligible and ineligible expenses are available at <http://www.irs.gov/pub/irs-pdf/p502.pdf>.

Reimbursement for over-the-counter (OTC) medications (except insulin) are no longer permitted under FSA's unless the individual obtains a prescription for the drug or medicine. The maximum amount you may elect for 2014 is \$2,500.

Dependent Care Flexible Spending Account (DC-FSA) – used to reimburse you for out-of pocket expenses for dependent care expenses, whether for a child or an elder. This includes expenses for someone else to care for your dependent (under the age of 13 for dependent children) so you may work. The maximum amount you may elect for 2014 is \$5,000.

Any unused funds will be forfeited per Internal Revenue Service (IRS) guidelines. The IRS requires that these unused dollars be forfeited as a condition of offering spending accounts.

FSA accounts do not carryover to the following year, therefore, you must make a new election before open enrollment closes.

HIPAA Privacy Notice

HIPAA requires the County of Tulare to notify you that a privacy notice is available by request from Human Resources and Development (HR&D). Please contact HR&D at 559-636-4911 or OEHealth@co.tulare.ca.us.



Voluntary Benefits

Chimienti & Associates Insurance Services offers the following voluntary benefits through payroll deduction on a pre-tax and post-tax basis. For more information about these benefits, or to schedule an appointment with a Chimienti Benefits Counselor, contact Chimienti & Associates at 559-733-1670.

❖ Hospital Gap Insurance

NexStep – NexStep is a low-cost program designed to help you pay for covered out-of-pocket expenses you may incur while you are either confined in a hospital or being treated as an out-patient for an injury or an illness. This plan features two benefits; an Inpatient Benefit for up to \$1,000 and an Outpatient Benefit for up to \$1,000.

❖ Short Term Disability

American General – Disability income insurance can help you pay your bills by replacing a portion of your income – should you suddenly be unable to work due to an illness or injury. The benefit from your Disability Income insurance can help you continue to pay bills while you recover.

❖ Universal Life Insurance

Transamerica – Permanent Life Insurance with coverage lasting up to Age 100. Includes living benefit features for access to Long Term Care and Critical Illness payout. Employee Policy options are available up to \$500,000. Family coverage is also available.

❖ Group Term Life Insurance

New Mutual of Omaha Term Life – Effective 1/1/2014
Transamerica is terminating all in force TacAdvantage Term life on a National basis. If you currently are a TacAdvantage Term Life policyholder, your policy will be rewritten with Mutual of Omaha with an effective date of 1/1/2014. Mutual of Omaha's term life policy mirrors the current TacAdvantage policy, and will offer the same rate as Transamerica's non-smoker rate to all employees. Policyholders will be rated by Mutual of Omaha at their attained age as of 1/1/2014, and will not be required to complete a new application during Open Enrollment.

Mutual of Omaha is offering ALL County employees a one-time **Guarantee Issue** Underwriting Offer of up to \$150,000 (capped at 5 x annual salary). **No Health Questions Asked.**

❖ LifeTime Benefit Term Insurance

Fidelity Life – Unique Term Insurance with paid up life insurance coverage after 5 years of paying premiums. This money will help your family meet continuing financial needs that would have been provided by your income.

❖ Critical Illness Plan

American General – Pays Lump Sum Benefits to you when diagnosed with Critical Conditions such as: Cancer, Heart Attack, Stroke and Renal Failure. Critical Illness Insurance can help you cover costs that may or may not be covered by your health plan. Non-medical related expenses and out-of-pocket costs such as co-pays, deductibles, loss of income, as well as experimental drug treatments are frequently not covered by health insurance. Annual \$50 Health Screening and \$150 Mammogram Benefits are included in this plan.

❖ Cancer Insurance

American General – This Benefit provides coverage in the event an insured employee is diagnosed with cancer. It pays an initial lump-sum benefit upon diagnosis, additional benefits for hospitalization and chemotherapy, as well as cash reimbursement for cancer screenings. Annual \$50 Health Screening and \$150 Mammogram Benefits are included in this plan.

❖ Legal Plan

LegalEASE – Legal Plan gives employees the ability to talk to a Plan Attorney. Provides free and discounted legal services without worrying about high hourly costs. Examples of covered legal services: Name Change, Home Sale/Purchase, Estate Planning, Family Law Services, Identity Theft, Financial Counseling and more.

❖ 24-Hour Accident Insurance

Transamerica Life Insurance Company – The Accident Plan pays a lump sum benefit directly to the employee in the event of a covered accident. It pays benefits for emergency treatment, hospitalization, follow-up treatment, intensive care, prosthesis and more. See the Schedule of Benefits for amounts payable, definitions and limitations for each specific accident.

Required Notices**1. Grandfathered Status Notice**

The County of Tulare as a participant in the SJVIA maintains a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your health plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator, Human Resources Director, at 559-636-4900. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health Plans.

2. Women’s Health and Cancer Rights Act Notification

The Women’s Health and Cancer Rights Act (WHCRA) provides protections for mastectomy patients who choose to have breast reconstruction in connection with a mastectomy. The WHCRA applies only to those group health plans and health insurers that cover benefits for mastectomies; it does not require health plans to pay for mastectomies. But for plans that do provide coverage for mastectomies, the WHCRA requires coverage for reconstruction as well. According to the U.S. Department of Labor, the WHCRA is not limited to cancer patients; this law should cover anyone seeking reconstruction after a mastectomy for any reason.

For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

1. All stages of reconstruction of the breast on which the mastectomy was performed.
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance.
3. Prostheses (e.g. breast implant); and
4. Treatment for physical complications of the mastectomy, including lymph edema.

These benefits will be provided subject to the same

deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

NOTE: State laws may broaden Federal WHCRA rights. For complete details about your plan benefits, please read your summary plan description or contact the plan administrator:

Tulare County Human Resources 2900 W. Burrell Ave Visalia, CA 93291	Administrative Contact HR&D Benefits 559-636-4911
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More information about the WHCRA may be obtained by calling the Employee Benefits Security Administration of the U.S. Department of Labor toll-free at: 1-866-444-3272.

3. Medicaid and the Children’s Health Insurance Program (CHIP)

The state has premium assistance programs that can help pay for coverage. The state funds from Medicaid or CHIP programs help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your state Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan. You should contact the state for further information on eligibility. **California – Medicaid, Website:** http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx. **Phone: 1-866-298-8443.**

If you live in California, you may be eligible for assistance paying your employer health plan premiums.

4. COBRA – Consolidated Omnibus Budget Reconciliation Act

COBRA gives those currently covered under a health plan the right to choose continuation of coverage if that coverage is lost. As an employee covered under the County health plans, you and/or your eligible dependents have the right to elect and pay for continuation coverage should your benefits end for reasons such as divorce, dependent children losing eligibility, or separation of employment. When you and/or your dependents initially enroll into the County health plans, a COBRA General Notice will be mailed to your home address. This notice is intended to advise you of your COBRA rights as required by State and Federal law. Upon notification that a qualifying event has occurred, a COBRA Election Notice will be mailed to the home address. You must inform the Benefits Unit of any qualifying event and address change.



Review your benefits. Participation is not mandatory if you are not making any changes, with the exception of the FSA and HSA accounts.

Use this checklist to guide you through Open Enrollment.

- ☐ Enroll Online at www.electmybenefits.com or see a Benefits Enroller for assistance. NO appointment needed to see a Benefits Enroller.
- ☐ If adding dependent coverage, you will be required to provide documentation verifying dependent eligibility by **October 25, 2013**.
- ☐ If waiving coverage, you must provide Proof of Other Coverage Form and provide copies of the eligible documentation by **November 30, 2013**.
- ☐ Re-enroll in Flexible Spending Account (Health Care and/or Dependent Care) for calendar year 2014.
- ☐ Re-enroll in Health Savings Account (HSA) contributions if you are enrolled in the Anthem Blue Cross \$2500 Deductible plan.
- ☐ To add, change or terminate your voluntary products, schedule an appointment to meet with a Chimienti & Associates enroller by calling 733-1670.
- ☐ Update your Life Insurance Beneficiary Form.
- ☐ This OE Guide and any pertinent open enrollment forms are available on the County's internet site at www.co.tulare.ca.us/hrd.

How To Reach Your Plan Providers

Anthem Blue Cross
www.anthem.com/ca
1-888-831-2238

Employee Assistance Program
www.AnthemEAP.com
1-800-999-7222

Foundation for Medical Care
Claims: 559-733-3127

US Script
www.usscript.com
1-800-460-8988

Kaiser Permanente
www.kp.org
1-800-464-4000

Delta Dental
www.deltadentalins.com
1-888-335-8227

Vision Service Plan
www.vsp.com
1-800.877.7195

Administrative Solutions, Inc.
www.asibenefits.com
1-866-777-1320

Chimienti & Associates
www.chimienti.com
559-733-1670

Great West Retirement Services
www.gwrs.com
1-800-701-8255

HR&D Benefits
2900 W Burrel Visalia, CA 93291
559-636-4911
OEHealth@co.tulare.ca.us



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 11-30-2013)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Human Resources & Development - Benefits Customer Service at (559) 636-4911.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name County of Tulare		4. Employer Identification Number (EIN) 94-6000545	
5. Employer address 2900 W Burrel Avenue		6. Employer phone number 559-636-4900	
7. City Visalia	8. State CA	9. ZIP code 93291	
10. Who can we contact about employee health coverage at this job? Human Resources & Development Benefits			
11. Phone number (if different from above) 559-636-4911		12. Email address OEHealth@co.tulare.ca.us	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

☐ All employees.

☒ Some employees. Eligible employees are:

Regular full-time employees working 30 or more hours per week.

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

Employee's spouse, registered domestic partner, and dependent child up to age 26.

☐ We do not offer coverage.

- ☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

****** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

☐ **Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)

☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

☐ **Yes** (Go to question 15) ☐ **No** (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered **only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.**

a. How much would the employee have to pay in premiums for this plan? \$

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?

☐ Employer won't offer health coverage

☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much will the employee have to pay in premiums for that plan? \$

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

Date of change (mm/dd/yyyy):

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)



HUMAN RESOURCES & DEVELOPMENT TULARE COUNTY

2900 W. Burrel Ave.
Visalia, CA 93291



Inside you will find:

Important information about your
2014 Tulare County Health Benefits

2014 Open Enrollment Schedule September 26th - October 25th

Open Enrollment Central

HR&D Annex Building, 2900 W. Burrel, Visalia - (559) 636-4911

Monday – Thursday, 8am to 5pm; Friday, 8am to 12pm

Benefits Staff will be available to help you with your online enrollment.

Online Enrollment

ElectMyBenefits – Employee Benefits Connection

www.electmybenefits.com

Login and follow the enrollment process. Takes approx. 10 Minutes

Monday	Tuesday	Wednesday	Thursday	Friday
	October 1	October 2	October 3	October 4
HR&D Annex 8:00 am to 5:00 pm	Visalia Government Plaza RMA Conference Room 5959 S Mooney Blvd Meetings: 8:30 am & 1:30 pm <i>Online enrollment after meetings</i>	Visalia Government Plaza RMA Conference Room 5959 S Mooney Blvd Meetings: 8:30 am & 1:30 pm <i>Online enrollment after meetings</i>	Visalia Processing Center Birch Room 26644 S Mooney Blvd Meetings: 8:30 am & 1:30 pm <i>Online enrollment after meetings</i>	HR&D Annex 8:00 am to 12:00 pm
October 7	October 8	October 9	October 10	October 11
HR&D Annex 8:00 am to 5:00 pm	Porterville Government Plaza Orange Room & D-142 1063 W Henderson Meetings: 8:30 am & 1:30 pm <i>Online enrollment after meetings</i>	Porterville Government Plaza Orange Room & D-142 1063 W Henderson Meetings: 8:30 am & 1:30 pm <i>Online enrollment after meetings</i>	Tulare Works (VDO) Almond Room A & B 1845 N Dinuba Blvd, Visalia Meetings: 8:30 am & 1:30 pm <i>Online enrollment after meetings.</i>	HR&D Annex 8:00 am to 12:00 pm
October 14	October 15	October 16	October 17	October 18
HR&D Annex 8:00 am to 5:00 pm	Professional Dev. Center Peach & Cherry Room 4031 W Noble, Visalia Meetings: 8:30 am & 1:30 pm <i>Online enrollment after meetings</i>	Visalia Child Support East Training Room 8040 Doe Ave Meetings: 8:30 am & 1:30 pm <i>Online enrollment after meetings.</i>	TCERA (Retirees Only) Board Conference Room 136 N. Akers, Visalia Meetings: 8:30 am & 1:30 pm	HR&D Annex 8:00 am to 12:00 pm
October 21	October 22	October 23	October 24	October 25
HR&D Annex 8:00 am to 5:00 pm	Tulare Ag Building Ag Commissioner Auditorium 4437 S Laspina St Meetings: 8:30 am & 1:30 pm <i>Online enrollment after meetings.</i>	Dinuba District Office Jasmine Room 1066 N Alta Ave, Dinuba Meetings: 8:30 am & 1:30 pm <i>Online enrollment after meetings.</i>	Lindsay District Office Conference Room 900 N Sequoia Meetings: 8:30 am & 1:30 pm <i>Online enrollment after meetings.</i>	HR&D Annex 8:00 am to 12:00 pm DEADLINE

To enroll in the Voluntary Products offered by Chimienti & Associates, please call their office at (559) 733-1670 to schedule an appointment.

NO APPOINTMENTS NECESSARY TO ENROLL IN THE COUNTY'S HEALTH PLANS.